Economic Synthesis of Period Poverty in Lower and Middle-Income Strata: A Case Study of the Munda Tribe in Khunti District of Jharkhand

Proposed synopsis for Research

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Introduction

Period poverty is not just about the inaccessibility to products like sanitary pads but also the inaccessibility of information and education about the menstrual health, especially among low-income individuals and marginalized communities. Menstrual health is a significant determinant of female's health, education, employment with overall wellbeing. Addressing the challenges associated with period poverty is crucial to supporting females and adolescent girls. According to a report by the Kulczyk Foundation, Poland[1] an estimated 500 million females lack appropriate of menstrual management and hygiene facilities. Period poverty, as defined by Global Citizen, New York[2] defined to the inaccessibility to products like sanitary pads, education about menstrual, bathroom facilities, hand washing facilities, and disposal of waste. The provision regarding safe and appropriate menstrual management facilities is vital for the global eradication of extreme poverty. According to Global Citizen, New York the menstrual poverty is of two types: 1) physical or material deprivation and 2) psycho-social or knowledge deprivation. Physical or material deprivation, for example the inaccessibility of sanitary absorbents or Water, Sanitation, and Hygiene (WASH) facilities, is experienced by girls worldwide due to the high cost of absorbents and poor facilities. Psycho-social or knowledge deprivation refers to the lack of proper education and preparedness for menstruation. Additionally the Global Citizen, New York reports that low- and middle- class families are more likely than affluent ones to experience this kind of hardship. The proposed study will focus on both types of period poverty within the low- and middle-income strata of the Munda tribe in the Khunti District of Jharkhand because the Period poverty, a pervasive yet often overlooked problem, encompasses a range of economic, social, and health-related challenges associated with menstruation like; a) Analyzing the financial obstacles that limit access to menstrual hygiene products, including affordability and availability issues, b) Analyzing how cultural beliefs and societal taboos surrounding menstruation influence menstrual practices and access to resources, c) Examining the health consequences of inadequate menstrual hygiene management and the economic burden it places on individuals and healthcare systems, d) Assessing the role of education and economic empowerment in mitigating period poverty and enhancement of the Munda tribe's general well being.

1.1 Economic synthesis

The concept of "economic synthesis" describes the theory's effort to assign values to the cost and effective level of menstrual health care. When we talk about period poverty; we're talking about the combination of material or bodily deprivation and psycho-social or knowledge deprivation brought on by low or nonexistent income. In this case, physical deprivation, also known as material deprivation, refers to inaccessibility of goods, hygiene facilities, and laundry facilities, among other things. Psycho-social deprivation, also known as knowledge deprivation, refers to a lack of awareness, education, and information regarding menstrual health and the effects of period poverty on the workplace. The situation of working and non-working women as a result of period poverty is included in the occupational effect. Rather than maintaining the experiences of each aspect of menstrual poverty separate, the proposed work will then economically synthesize any overlaps between the physical resources (hardware) and knowledge/awareness on menstruation (software) parts of period poverty.

Hardware Deprivation -

Also known as material period poverty, this condition affects average hygiene levels and school attendance rates. It is characterized by a lack of access to physical resources such as menstruation supplies or sanitation facilities. For women lack access to sanitary products, they frequently turn to less healthful options for managing their periods. Teenagers and females in low- and middle-income groups suffer from various forms of deprivation, such as lacking privacy and accessible disposal facilities; discrepancies in hardware accessibility between public and private schoolgirls; a broken supply chain for pads in public schools, and no pads at all in private schools; inadequate hygiene facilities provided in both public and private schools; poorly maintained restrooms near classrooms that are problematic because students can't flush their pads there; lack privacy at home, their toilets don't have better disposal options, and their facilities aren't perfect. Lack of access to pads, unhygienic menstrual absorbents, a propensity to skip school and keep away from social situations rather to seek medical attention, and teachers who only provided partial information on menstruation In general, they found that girls were largely unprepared for menstruation. This was due to the fact that mothers and other relative, who were often frequently ignorant themselves, served as the adolescent girls' primary information sources, there were few opportunities in the school curriculum for teachers to

properly educate their students on menstruation, and the girls themselves had little knowledge of the topic.

Software Deprivation- The widespread stigmatization and misunderstanding around periods among girls in low- and middle-income countries is exacerbated by inadequate education and preparation for menstruation, which is seen as software/psychosocial period poverty. The bulk of respondents talked about the harassment they had encountered and seen from their male classmates when they were thought to be menstruation. Menstrual stigmatization frequently poses a risk to the young girls and women who are the targets. Girls who suffer from menstrual poverty may feel even more embarrassed and ashamed because menstrual blood was traditionally seen as filthy or polluting. Schoolgirls were told a belief that if you told your mother you were starting your period, she would die. This is the result of the stigmatizing belief that a girl's first menstruation indicates her sexual orientation and capacity for pregnancy. Too often, stigmas stem from a total ignorance, and this exclusion will persist until a generation is given correct information. Lack of knowledge not only contributes to stigmas but can also directly harm a girl's physical health in addition to having negative psychological effects. Some people thought that washing your hair made your cramps worse, while many others came to terms with the fact that cramps could not be relieved. Many women in India refrain from washing their bodies while they are menstruating since it is widely held that doing so prolongs the bleeding period. Too frequently, these false beliefs cause females who hold them to compromise their cleanliness or endure needless suffering.

Here, poverty was primarily concentrated among those in the low- and middle-income categories. First, a theory-based economic modeling analysis will be conducted to look at externalities as well as the present marginal costs and benefits of menstrual health services. To advance toward a society free of extreme poverty, this effort will combine the effects of the hardware and software aspects of poverty and create a policy that needs to be implemented immediately to address both of these aspects of it. The intended study will be finished in an effort to direct policy toward a productive beginning point. The theoretical solutions offer a cursory overview of the necessary actions. A closer look at the components of good menstrual health will paint a clearer picture of what period poverty alleviation tactics might entail.

This research aims to shed light on the intricate economic dynamics mentioned above that underlies period poverty in this specific context. By examining the experiences of the Munda

tribe, this study will uncover the intersecting factors that contribute to their vulnerability in managing menstruation effectively. The study employs a comprehensive approach that considers not only access to menstrual products but also the broader socio-economic factors that impact menstrual health. The proposed study will be descriptive as well as exploratory research. The study will explore and analysis the Economic Synthesis of Period Poverty in Lower and Middle-Income Strata of the Munda Tribe in Khunti District of Jharkhand. Primary and secondary data sources will be used to get the data. The data will be conducted with a representative sample of elder female member of household below 45 years of Munda tribe who is working from different income strata in Khunti district. The Quantitative data will be collected from the household on income, expenditure patterns on menstrual hygiene products, access to sanitation facilities, and self-reported health leaders, healthcare providers, and menstrual hygiene product vendors to understand broader community context and access to resources related to Menstrual Health and Hygiene Management (MHHM). A structured questionnaire will be prepared and with the help of scheduled method the data will be collected to gain deeper insights into their experiences with period poverty. The correlation regression and other statistical tools shall be used accordingly to identify trends and patterns related to income levels, menstrual hygiene practices, and economic consequences of period poverty. The proposed study targeted the policy recommendations to address the specific challenges faced by the Munda tribe and similar communities, aiming for sustainable solutions to period poverty and to contribute to a broader dialogue on period poverty and promote inclusive strategies for its eradication.

1.1 State of the Art

Numerous studies have been conducted regarding Period Poverty. Menstrual Hygiene Management (MHM) (2012)[3]**,** published by UNICEF, states that the period access is: a) women and teenage girls having the freedom to use clean materials to collect or absorb their menstrual blood and to replace it in private as needed during their menstrual cycle b) Being able to wash one's body with soap and water when needed, as well as having access to convenient and safe facilities for getting rid of used period control products. C) Access to fundamental education about the menstruation, including how to handle it dignifiedly, fearlessly, and with dignity for females and teenagers. According to UNDESA's Report (2015)[4]**,** achieving gender equality and empowering all women and girls is one of the five suggested Sustainable Development Goals that can be directly related to the Improved Period Poverty.

A UNICEF and World Health Organization research from 2005 states that 1 in 3 individuals worldwide lack access to basic sanitation services, including management of menstrual hygiene. However, in recent years, a number of nations have lowered their taxes or made sanitary items free. Among the noteworthy instances are the following: Scotland became the 1st nation in the world to offer free sanitary supplies to everyone in November 2020. In an effort to combat period poverty and increase access to menstruation supplies, the Scottish government took action. The Welsh government declared in April 2021 that all schoolchildren between the ages of 11 and 18 would receive free sanitary goods from the government. This was done in an effort to lessen the stigma associated with menstruation and make sure that all children could have the supplies they require. The government of New Zealand declared in February 2021 that all of the nation's schools will receive free sanitary supplies. This came after a fruitful test run in 15 schools in 2020. The UK government eliminated the "tampon tax," which charged sanitary items a five percent value- added tax, in 2020. This saved consumers money even if it didn't make the things free. Only 58% of Indian women between the ages of 15 and 24 who participate in the National Family Health Survey (NFHS–5)[6] report 2019-2020 using sanitary pads during their periods. Nevertheless, the utilization was at or below 70% in states like Madhya Pradesh, Assam, Tripura, Chhattisgarh, Gujarat, Meghalaya, and Bihar. As the only state where fewer than 60% of women used period products, Bihar stood out. The Indian government has taken steps to address this issue in recent years. Two such efforts are the "Menstrual Hygiene Scheme"[7] and the "Pradhan Mantri Matru VandanaYojana,"which seek to raise awareness of menstrual hygiene among women and girls and distribute free or subsidized sanitary pads. To eliminate the social stigma associated with menstruation and guarantee that all Indian adolescent girls and women have access to sanitary facilities, menstruation products and, additional work must be done. In India, sanitary napkins were first subject to a 12% Goods and Services Tax (GST). But the Indian government announced in 2018 that the GST will no longer apply to sanitary napkins. Women's rights, Organizations, campaigners, and medical experts who had been pushing for tax-free sanitary goods for years overwhelmingly supported this move. This activity aimed to make menstrual hygiene products more accessible and affordable, especially for adolescent girls and women from low-income families. Although the exemption of sanitary napkins from GST is a welcome step, there are still barriers in place to guarantee that all women and girls have access to these products. Many parts of the nation still view menstruation as a taboo subject, and a sizable

portion of females and adolescent girls inaccessible to even the most necessary menstrual sanitation supplies. The government has launched varieties of programmers to address this problem, such as providing free sanitary napkins in schools and encouraging menstrual hygiene through public awareness campaigns. The main causes of this low utilization, despite the above-mentioned efforts of the government and NGOs, are the unavailability of affordable menstrual products, poor sanitary facilities, and social stigma associated with menstruation. In rural locations, where access to sanitary pads and other sanitation facilities is frequently restricted, the situation is especially bad. Since of the extreme dangers involved with the issue, especially in rural regions and among tribes, many girls and women in tribal groups miss work and school when they are menstruating since there are inadequate facilities and social stigma attached to it.

Research Gap

All the above works have considered the problem of a class of women only but there is a lack of various studies on period poverty in lower- and middle-income strata of tribal communities. These all general work is not the actual representation of tribal communities. Thus, this proposed study is an attempt to fill the gap and will explore specifically the economic synthesis of period poverty in lower- and middle-income strata of Munda tribe as a case study in Khunti District of Jharkhand. The proposed study will explore the intricate economic dynamics mentioned above that underlie period poverty by examining the experiences of the Munda tribe, and will uncover the intersecting factors that contribute to their vulnerability in managing menstruation effectively. The study will consider not only access to menstrual products but also the broader socio-economic factors that impact menstrual health.

According to a study by **Abdel-Hady (2005)**[12] revealed that urban residency and high and moderate socioeconomic class. While the use of hygiene napkins may be on growing, girls from rural and low-income households do not use them as frequently. Additionally, more areas of personal sanitation, such as not washing during menstruation and not changing pads on a regular basis, were typically found to be lacking. One major issue was the lack of privacy. The primary sources of knowledge regarding menstrual sanitation were Mother and the media, however most girls felt that more information was necessary. Menstrual hygiene instruction ought to be integrated into a larger school health education curriculum. Both at home and at school, there has to be a supportive atmosphere for menstrual hygiene, and sanitary pads need to be more reasonably priced.

Omidvar and Begam (2010)[13] conducted a cross-sectional study to find out what influences south Indian females' hygiene practices during their periods. The outcome showed that the girls' age and socioeconomic status (SES) had an impact on the napkin and pad choices as well as other practices including changing napkins at night and during school or college hours keeping themselves clean. Compared to younger girls, older girls practiced better hygiene. Of the participants, 76% said they would like more knowledge about menstruation and sanitation practices. They found, while various factors are known to influence menstruation practices, age and socio economic status have the greatest influence. Young women are becoming more conscious of the need for education regarding safe menstrual habits.

Girod (2017)[14] compared the hardware accessibility of schoolgirls attending public and private schools in Nairobi, Kenya. They report that there is no pad provision at all in private schools and a broken supply chain for pads in public schools. Despite the fact that both public and private schools had sanitary facilities, these facilities were shared by hundreds of other students and did not sufficiently meet the schools' demands for water accessibility. The situation with regard to menstruation management supplies is fairly similar throughout many low- and middle-income nations and populations.

Scott (2010)[15] the study was carried out by the researcher with the participation of around one eighty teenagers from 4 isolated Ghanaian villages. Menstruation is frequently taboo, according to her. If a girl doesn’t use sanitary protection, there could be dire consequences. A large number of the girls simply give up and leave school. However, they also run a danger of injury. Menarche causes discrimination against males and girls in Africa. It may be the end of school for a lot of girls. According to the study, providing free sanitary protection will shield females from socialism, family tasks, and truancy from school. Menstruation is frequently taboo, according to her. If a girl doesn’t use sanitary protection, there could be dire consequences. A large number of the girls simply give up and leave school. However, they also run a danger of injury. Menarche causes discrimination against males and girls in Africa. It may be the end of school for a lot of girls. According to the study, providing free sanitary protection will shield females from socialism, family tasks, and truancy from school.

Sommer (2009)[16] a study carried out in Tanzania discovered that many schoolgirls who were polled raised awareness of the inadequate amenities offered to them at school. "The restrooms

next to the classrooms are not in good condition, and the dorm ones are flushing, which is a problem," said Amina, an urban student. Because they are unable to fit their pads inside, the girls dislike them. This comment suggests that Tanzanian schoolgirls would prefer their bathrooms to have better disposal systems.

Sonowal and Talukdar (2019)[17] carried out a cross-sectional study to find out how well-informed teenagers in Dibrugarh Town's urban slums are about menstruation hygiene and how they actually practice it. Half of the girls did not know their first period (puberty), and they also did not know why they got their period or where the blood came from during it. The conclusion was that it is important to raise awareness of the need for knowledge regarding safe menstrual habits. Developing a system to address and grant teenage females access to healthy menstrual practices is crucial.

Deshpande (2018)[18] carried out research on menstruation hygiene among urban slum adolescent schoolgirls. They claimed that several limitations were followed. They stated that teenage females' menstruation hygiene was inadequate. Girls should therefore get education regarding the reality of menstruation and appropriate hygiene habits.

Reena and Wagh (2018)[19] the study, based on menstrual sanitation practices among teenagers in urban India, found that some girls who believe that getting a period is divine curse. The study revealed, a few teenagers disposed of sanitary pads on the roadside. Around 96 percent girls restricted to go Temple. Additionally, the majority of girls restricted going to the kitchen or family gatherings, and half of them avoided touching items at home. The study found, teenagers should be informed regarding the myth of menstruation, as well as it is important to maintain hygiene during menstruation to prevent any reproductive disease.

Nayak (2016)[20] the study was conducted on menstrual sanitation among young girls in Jabalpur District's urban districts. It was observed that more than seventy percent of teenagers were using cloth, and without washing cloth, next menstruation was reused. It was observed that girls have a lack of knowledge about menstrual sanitation practices. A lot of girls experience premenstrual syndromes like stomach pain, back pain in lower part, paining breast, and fatigue during menstrual cycle.

Priya (2017)[21] Adolescent girls in rural Pondicherry were the subjects of a work on menstrual sanitation and associated personal sanitation practices. A cross-sectional study with a community

focus was carried out in Pondicherry's rural field practice region. They came to the conclusion that although the number of people using sanitary pads was high, unsanitary habits were seen. As a result, more emphasis needs to be placed on raising knowledge of menstrual hygiene practices among teenagers.

Dingra (2009)[22] carried out a study to evaluate the menstrual practices and knowledge of tribal (Gujjar) teenage girls. The samples were gathered from multiple locations within the Jammu District of the state of Jammu and Kashmir. The finding shows that eighty three percent of research participants learned ordinary facts regarding menstrual cycle from their peers. Ninety eight percent of the teenagers said that taking a normal bath during the menstrual cycle was not appropriate. Professionals working specifically to promote the reproductive health of adolescents should take note of the findings.

Mahajan and Kaushal (2017)[23] carried out a descriptive study to evaluate teenage girls attending Shimala, Himachal Pradesh's government school's knowledge and practices surrounding menstruation hygiene. The researchers found that adolescent girls, particularly those who live in rural areas, lack knowledge about menstrual hygiene. Menstruation and menstrual hygiene should therefore be studied independently. Adolescent females who practice good menstrual hygiene at an early age are less likely to experience numerous reproductive tract illnesses.

Mouli and Patel (2017)[24] in low- and middle-income countries, the study's main objective was to map teenage girls' knowledge and comprehension of their first period, menstrual hygiene, and menstrual health. The researcher revealed, girls in middle class and lower class nations did not know about menarche. It was observed that adolescent girls had ill- prepared; inaccessibility of information alters education, self-assurance, and individual's growth.

Khanna (2005)[25] found that around 70% of people thought that menstruation wasn't a normal occurrence. Sadly, it was shown in this study that more than half of the teenagers were unaware that hygiene napkins should be used during menstruation, and the large number of girls had no idea where menstrual bleeding originated. The aforementioned findings could be the result of moms' low literacy rates or the inefficiency of appropriate health awareness in the classroom, which one should emphasize menstrual cycle hygiene for girls. During their menstruation, 75%

of the adolescent girls used old rags, and only 5% used pre-made hygiene napkins. It was noted that the custom was to rinse the cloth with detergent later than each usage and store it somewhere discreet until the following menstrual cycle. These were occasionally concealed in unsanitary areas to keep the cloth out of sight. As more than half of the respondents in this survey did not have a covered toilet, privacy was a big concern despite the fact that proper menstrual hygiene necessitates privacy for washing, changing, and cleaning. When it came to how the used material was disposed of, 57.5 percent of the girls disposed of the used material properly, whereas the majority of the girls (73.75 percent) reused bits of cloth.

2.0 Problem to be investigated

The proposed study is expected to provide a comprehensive understanding of the economic dimensions of period poverty and its overlapping facets in the lower and middle-income strata of the society. The study will identify the factors contributing to period poverty, its economic impact on individuals, families, and communities, and the overlapping facets of period poverty, such as access to education, healthcare, and gender inequality. The study will also propose policy recommendations to address the issue of period poverty in the context of the lower and middle-income strata of the society. The findings of this study will be valuable to policymakers, NGOs, and other stakeholders working towards addressing period poverty and improving the well-being of girls and women in lower and middle-income strata of the society. The proposed study is expected to provide insights into the economic implications of period poverty and its overlapping facets in the lower and middle-income strata of the society. It will shed light on the factors contributing to period poverty and provide recommendations for potential solutions to address this issue. Projects and policies aimed at enhancing menstruation health and cleanliness among women in lower and middle-class social groups can benefit from the study's findings. The proposed study is timely and important, given the increasing awareness of period Poverty and its negative impact on women's health, education, and economic opportunities. By conducting an economic synthesis of this issue, we can better understand its underlying causes and develop more effective strategies to address it. Ultimately, the proposed study will contribute to the development of evidence-based policies and programs that can improve the economic opportunities and well-being of women in the lower- and middle-income strata of society.

1.2 Poverty

Not having enough money to cover basic expenses like clothing, food, shelter, and water is referred to as poverty. The World Bank report (2020-2022)[9], poverty is hunger, homeless, getting sick and not being able to see a doctor, inaccessibity of education or employment, fear for the future, and living one day at a time.

1.4 Period

The female reproductive system's normal period is brought on by uterine bleeding, which is caused by the shedding of uterine endometrial cells. Menstruation, menses, menstrual period, and menstrual cycle are other names for the noun "period." Typically, periods start during adolescence, which happens between the ages of 12 and 15, and last until menopause, which happens between the ages of 45 and 55. Although the period is a normal and natural process, it can because painful symptoms like bloating, cramping, and mood swings. Over-the- counter painkillers and other self-care techniques including heat therapy, exercise, and rest are commonly used by patients to treat these symptoms. Menstruation is a day-long topic of discussion. The International Menstrual Hygiene Day is observed on May 27.

Period poverty defined is not just about the inaccessibility to products like sanitary pads but also the inaccessibility of information and education about the menstrual health especially among low-income individuals and marginalized communities. It can also refer to the stigma and shame associated with menstruation that prevents people from seeking help or discussing their menstrual health. Period poverty affects millions of people around the world, particularly in developing countries and among vulnerable populations, including homeless individuals, refugees, and those living in extreme poverty. Without access to menstrual products and proper sanitation facilities, people may resort to using unhygienic materials like rags, newspapers, and even leaves, which can lead to infections and health complications. Period poverty can also have long-term consequences on education, employment, and overall well-being. Without access to menstrual products, people may miss school or work, leading to decreased opportunities and income. Additionally, the stigma surrounding menstruation can prevent people from seeking healthcare and education, leading to a lack of knowledge about menstrual health and reproductive rights. Efforts to address period poverty include providing free or low-cost menstrual products, improving access to sanitation facilities, promoting menstrual health education, and combating the stigma associated with menstruation. Governments, NGOs, and

private organizations are all working to address this issue and improve menstrual health and rights for all.

1.5 Profile of the study area (Khunti):

Previously a sub-division of the Ranchi district, Khunti was established as the 23rd district of Jharkhand on September 12, 2007. It is situated around 40 kilometers south of Ranchi, the state capital, and is a component of the South Chotanagpur Commissionary.Khunti district is composed of six blocks. One of the villages in the district, Ulihatu, which falls under the Arki block, is the birthplace of Bhagwan Birsa Munda, also known as "Dharti Aaba" of Jharkhand. The six blocks of Khunti district are Karra, Khunti, Torpa, Rania, Murhu, and Arki.

Table-1: Block wise Population distribution of Khunti District

Name of Block	No. of the Gram Panchayat	No. of the Villages Covered	Population			SC	ST	Others
			M	F	Total	No.	No.	No.
Khunti	12	159	62401	61987	124388	3905	67815	16278
Murhu	16	141	42936	42550	85486	3665	67695	14126
Arki	16	128	40473	40116	80589	4708	63804	12077
Karra	19	178	54615	54467	109082	4325	80930	23827
Torpa	16	95	46272	46719	92991	3752	66030	23209
Rania	7	67	19638	19711	39349	1142	27330	10877
Total	86	768	266335	265550	531885	21497	373604	100394

Sources: Statistical Profile of Khunti District

1.5 Demography of Khunti district

The Directorate of Census Operations in Jharkhand released the official Census 2011 details for the district of Khunti, Jharkhand. The census officials also enumerated key people in the district of Khunti. In 2011, Khunti had a population of 531,885, with 266,335 males and 265,550 females. There were 531,885 people living in Khunti in 2011—266,335 men and

265,550 women. Khunti had a population of 434,819 in 2001, consisting of 216,488 females and 218,331 males. Khunti's district population constituted 1.61% of Maharashtra's total population in both 2001 and 2011. The population increased by 22.32 percent compared to the 2001 census. Khunti District's population increased by 12.55 percent from 1991 to 2001, according to census data. According to Census India's 2011 preliminary statistics, Khunti district's population density increased from 176 persons per square kilometre in 2001 to 210 people per square kilometre in 2011. The district of Khunti is 2,535 square kilometers in size. Khunti's average literacy rate increased from 52.92 in 2001 to 63.86 in 2011. The literacy rates for men and women were 53.69 and 74.08, respectively, which was higher than the 2001 census figures of 38.40 and 67.40. Khunti District, there were 284,575 literate people overall—164,741 men and 119,834 women. Khunti District has 192,025 literate people in 2001. Khunti's sex ratio was 997 females for every 1000 males, which was marginally higher than the 992 reported in the 2001 census. India's average national sex ratio, as per the most recent reports from the Census 201110 Directorate, is 940. In the 2011 census, there were 964 females for every 1000 boys, which was a marginal decrease from the 966 girls for every 1000 boys in the 2001 census. Additionally, information on children under the age of six was gathered for every district, including Khunti. 86,292 children under the age of six were counted overall, up from 71,978 in the 2001 census. There were 42,345 girls and 43,947 boys among the 86,292 total children. In Khunti District, children under the age of six made up 16.22% of the population in 2011; a little decrease from 16.55 percent in 2001.In Jharkhand's Khunti area, 63 families lived without a roof or on pavements in 2011. At the time of the 2011 Census, there were 258 people living without a roof, or 0.05% of the district's total population of Khunti. There are many lovely waterfalls, rolling hills, dense forests, and a cozy atmosphere in the Khunti district. Forested areas occupy forty percent of the land. The district's average height of 2180 feet above sea level contributes to its usually pleasant temperatures. Firewood and lumber are the main products of the forest; other goods are Kendu leaf, Lac, Myrobalans (amla, harre, and bahera), Bamboos, Sabai, Kend, and Mahua. Every day's maximum and lowest temperatures range from 29°C to 18°C, respectively.

Rainfall in the district averages approximately 1100 mm per year; post-monsoon, winter, and pre-monsoon measurements are 98 mm, 65 mm, and 121 mm, respectively. In Khunti, paddy, millet, maize, wheat, gram, peas, and mustard are the main crops farmed. The primary

languages spoken in this area are Nagpuri, Hindi, Birhore, Mundari, and Kurukh. Hindus, Christians, and Muslims make up the majority of the district's population, while Sikhs and Jains make up the minority. There is a strong patriarchal structure in the tribal villages. Pahans, who carry out religious duties like making public sacrifices to placate local spirits, guard the hamlet from stray animals, and guarantee a bountiful harvest, stand in for each village community. The Pahans can also impose penalties for breaking tribe traditions. In the Khutkathi districts, people still refer to one another as "Manki." Nearly all villages have communal gathering places, Akhras and Dhumkuria. With all communities celebrating holidays including Dushera, Diwali, Sarhul, Eid, Christmas, Muharram, Ramadan, and Holi, Khunti is renowned for its communal harmony. The Khunti subdivision is home to a large tribal community that depends on agriculture and the forest for their subsistence. Nonetheless, a lot of indigenous families have been compelled to leave their villages due to food shortages. The region is well known for its lac agriculture, which greatly increases India's overall lac production. A tiny insect called Kerria Lacca (Kerr) purposefully cultivates itself on the branches of various tree species, mainly palas, kusum, and ber, to generate lac, natural glue. The region is home to a number of development organizations, including missionary groups like NBJK and SGVS and the national development agency Pradan, which has an office on Torpa Road. Many people celebrate holidays with tremendous fervor, including Sarhul, Karam, Jani-Shikaar, Christmas, Holi, Durga Puja, Ramadan, Deepawali, and Id-ul-fitr.

1.7 Munda Tribe:

The Munda people are an ethnic group in India whose primary language is the Mundari language, which belongs to the Munda subgroup of Austroasiatic languages.Their primary habitat is the Chhotanagpur Plateau region, which includes parts of adjacent Bihar, Chhattisgarh, Odisha, and West Bengal in addition to most of Jharkhand. In addition, there are Munda populations in Bangladesh, Tripura, and Madhya Pradesh. They belong to one of the major Scheduled Tribes in India. They're called Mura in Tripura and Mudas in Madhya Pradesh, respectively. The Sanskrit term "Munda" means "headman," and it originated as an honorific title bestowed by Hindus that later evolved into a tribe name. According to linguist Paul Sidwell, Munda languages originated in Southeast Asia and spread to the coast of Odisha between 4000

and 3500 years ago. Originally hailing from Southeast Asia, the Munda people intermarried extensively with the native Indian tribes. Historian R. S. Sharma said, several Munda phrases may be found in Vedic writings composed between 1500 and 500 BCE. In ancient India, there were Munda-speaking tribes in the eastern region. During the British Raj in the late 1800s, the Mundas were made to work as bonded laborers for zamindars and pay rent. The earliest protest marches were organized by Munda freedom warrior Birsa Munda, who demanded the forgiveness of forest dues and the nonpayment of rent. He is still highly regarded in Jharkhand today for spearheading the guerilla battle that toppled the British Raj and established Munda Raj. The Munda people were hunters who lived as nomads before settling down to farm and weave baskets. Due to their Scheduled Tribe status, a large number of Mundas are currently employed by the Indian Railways and other government agencies. The clan name of the Munda people, called Killi (which is akin to the Sanskrit term Kula), is passed down patrilineally from father to son. The Mundas are known for their totemic clans, some of which have names derived from plants, animals, or artifacts. The agricultural Munda people celebrate a number of seasonal holidays, including Mage Parab, Phagu, Karam, Baha Parab, Sarhul, and Sohrai. They have a rich cultural history that includes traditional musical instruments, folk songs, dances, and legends. At social gatherings and festivals, dances are performed by both men and women. One of the main musical instruments is the naqareh, and the Munda call their song and dance susun and durang, respectively. They have several folk dances, such as Mage Susun, Karam Susun, and Jadur. The Munda people celebrate several different life milestones with intricate rituals. Births of boys, who are thought to be future providers, and girls, who are thought to be future caregivers, are both joyous occasions. For a set of twin siblings, Pahan performs the Cham utarna ceremony in an effort to secure the children's lifespan and well-being. Before the marriage, the engagement ritual, called Lota-pani, usually included giving the paternal guardians a monetary present called Dali Takka. The marriage ceremony is a week-long celebration that is considered one of life's main rites. An ointment composed of turmeric and scented oil is administered to the face and body of the deceased when they pass away. Widow Remarrying is a frequent occurrence. It is patrilineal, patrilocal, and patriarchal in Munda society. The Munda people of Jharkhand follow the age-old custom of patthalgari, or stone erection. This entails placing a sizable, reversed U-shaped headstone at the head of a grave or at a hamlet entry. The deceased's family tree is engraved on the headstone. There are several types of Patthalgari: a) Horadiri: A

stone inscribed with the family tree. b) Chalpadiri or Saasandiri: A stone marking the boundaries and limits of a village. c) Magodiri: A headstone for a social criminal who committed polygamy or an unsocial marriage. d) Ziddiri: A stone placed over the burial of the placenta and dried naval part of a newborn. Bandyopadhyay and Guha (2016), in their research paper on the survival strategies of the Munda people in a Sunderbans village in West Bengal, revealed that due to poor economic conditions and a lack of land, many individuals migrate from their homes. This movement of people from rural to urban locations in India is representative of a larger trend. Both men and women participate in activities such as wood raw materials, farming, small-scale businesses, and various farming and non-farming jobs. It's common for an individual or household to be involved in numerous activities, which often include dangerous trips to the jungle and rivers. The study also revealed that the new generation prefers to work as immigrant laborers outside their village, and frequently outside their district and state. Jesuit priest John-Baptist Hoffmann (1857–1928) conducted extensive studies on the Munda people's language, customs, religion, and lifestyle. In 1903, he published the first grammar of the Mundari language. With the assistance of Menas Orea, Hoffmann published the 15-volume Encyclopaedia Mundarica. A third edition was published in 1976, and the first was promoted posthumously in 1937. The Mundas and Their Country by S. C. Roy were released in 1912. Ram Dayal Munda and Ratan Singh Manki's Hindi novel Adidharam describe Munda ceremonies and customs. This book has been translated into Hindi and is available in Mundari.

1.8 Literacy Rate& Educational Level

1.8.1 Literacy Rate:

Table – 2: Literacy Rate (2011)

Literacy Rate	**All STs (India**	**Jharkhand**	Munda
Male	82.14%	76.84%	69.39%
Female	65.46%	55.42%	40.43%

Sources: Census 2011

2.0 Problem to be investigated

The proposed study is expected to provide a comprehensive understanding of the economic dimensions of period poverty and its overlapping facets in the lower and middle-income strata of

the society. The study will identify the factors contributing to period poverty, its economic impact on individuals, families, and communities, and the overlapping facets of period poverty, such as access to education, healthcare, and gender inequality. The study will also propose policy recommendations to address the issue of period poverty in the context of the lower and middle-income strata of the society. The findings of this study will be valuable to policymakers, NGOs, and other stakeholders working towards addressing period poverty and improving the well-being of girls and women in lower and middle-income strata of the society. The proposed study is expected to provide insights into the economic implications of period poverty and its overlapping facets in the lower and middle-income strata of the society. It will shed light on the factors contributing to period poverty and provide recommendations for potential solutions to address this issue. The study's finding can be used to project and plans that try to improve menstrual health and hygiene among women in the lower and middle-income strata of the society. The proposed study is timely and important, given the increasing awareness of period Poverty and its negative impact on women's health, education, and economic opportunities. By conducting an economic synthesis of this issue, we can better understand its underlying causes and develop more effective strategies to address it. Ultimately, the proposed study will contribute to the development of evidence-based policies and programs that can improve the economic opportunities and well-being of women in the lower- and middle-income strata of society.

3.0 Objective of the study

1) To compare the level of awareness regarding Period poverty among lower- and middle-income strata of the women of Munda Tribe in Jharkhand.
2) To investigate the specific hygienic practices regarding Period poverty among the woman of the Munda Tribe in Jharkhand.
3) To understand the economic impact of women's health, education, and employment on period poverty among the lower and middle-income strata of the Munda Tribe in Jharkhand.
4) To assess the financial burden imposed due to Period Poverty among lower and middle income strata of the Munda Tribe in Jharkhand.

5) To identify the government programme and policies to overcome the issues of period poverty of the Munda Tribe in Jharkhand.
6) To identify the significant association between household income levels and the affordable menstrual hygiene products & adequate sanitation facilities among the Munda Tribe in Khunti District.

4.0 Research Questions

1) What is the level of awareness regarding Period Poverty among women of lower- and middle-income strata of the Munda tribe?
2) What is the specific hygienic practices regarding Period poverty among the woman of the Munda Tribe in Jharkhand?
3) What is the economic impact of women's health, education, and employment on period poverty among the lower and middle-income strata of the Munda Tribe in Jharkhand?
4) How does period poverty impact the economic well-being (assessing affordable and safe menstrual hygiene product, assessing employment) of women of the lower- and middle-income strata of Munda tribe?
5) What are the direct costs, expenses, Medical cost; indirect cost (e.g., missed work or missed school days) associated with purchasing menstrual products for women in the lower and middle income starta of the Munda Tribe?

5.0 Research hypothesis

1. **H0:** There is a no significant association between household income levels and the affordable menstrual hygiene products & adequate sanitation facilities among the Munda Tribe in Khunti District.

   H1: Otherwise

6.0 Research design and Research Methodology

The proposed study will be descriptive as well as exploratory research. The study will explore and analysis the Economic Synthesis of Period Poverty in Lower and Middle-Income Strata of the Munda Tribe in Khunti District of Jharkhand.

6.1 Methods of Research

The data shall be collected through primary and secondary sources. The data shall be conducted with a representative sample of elder female of household of the age 12-45 years of Munda tribe who is working from different income strata in Khunti district. A structured questionnaire will be prepared and with the help of scheduled method. A Stratified random sampling technique shall be used to collect data from the respondents.

6.2 Study Area:

Jharkhand District-wise map

NO.	DISTRICT NAME	TRIBE	T/R/U	TOTAL POPULATION		
				PERSON	MALE	FEMALE
1	GARHWA	MUNDA	TOTAL	1,229,221	614,199	615,022
			RURAL	1,096,064	548,356	547,708
			URBAN	133,157	65,843	67,314
2	CHATRA	MUNDA	TOTAL	7,901	3,964	3,937

			RURAL	**7,579**	**3,789**	**3,790**
			URBAN	**322**	**175**	**147**
3	**GIRIDIH**	**MUNDA**	**TOTAL**	**969**	**508**	**461**
			RURAL	**891**	**470**	**421**
			URBAN	**78**	**38**	**40**
4	**KODARMA**	**MUNDA**	**TOTAL**	**435**	**235**	**200**
			RURAL	**390**	**215**	**175**
			URBAN	**45**	**20**	**25**
5	**DEOGHAR**	**MUNDA**	**TOTAL**	**101**	**56**	**45**
			RURAL	**34**	**26**	**8**
			URBAN	**67**	**30**	**37**
6	**GODDA**	**MUNDA**	**TOTAL**	**36**	**11**	**25**
			RURAL	**30**	**8**	**22**
			URBAN	**6**	**3**	**22**
7	**SAHIBGANJ**	**MUNDA**	**TOTAL**	**2817**	**1367**	**1450**
			RURAL	**2365**	**1155**	**1210**
			URBAN	**452**	**212**	**240**
8	**PAKUR**	**MUNDA**	**TOTAL**	**65**	**35**	**30**
			RURAL	**51**	**29**	**22**
			URBAN	**14**	**6**	**8**
9	**DHANBAD**	**MUNDA**	**TOTAL**	**5378**	**2796**	**2582**
			RURAL	**1332**	**707**	**625**
			URBAN	**4046**	**2089**	**1957**
10	**BOKARO**	**MUNDA**	**TOTAL**	**18231**	**9208**	**9023**
			RURAL	**8831**	**4520**	**4311**
			URBAN	**9400**	**4688**	**4712**
11	**LOHARDAGA**	**MUNDA**	**TOTAL**	**9824**	**4894**	**4930**
			RURAL	**9205**	**4587**	**4618**
			URBAN	**619**	**307**	**312**
12	**PURBI**	**MUNDA**	**TOTAL**	**54047**	**26950**	**27097**

	SINGHBHUM					
			RURAL	**38223**	**19210**	**19013**
			URBAN	**15824**	**7740**	**8084**
13	**PALAMU**	**MUNDA**	**TOTAL**	**4386**	**2185**	**2201**
			RURAL	**4145**	**2070**	**2075**
			URBAN	**241**	**115**	**126**
14	**LATEHAR**	**MUNDA**	**TOTAL**	**18826**	**9442**	**9384**
			RURAL	**17927**	**9000**	**8927**
			URBAN	**899**	**442**	**457**
15	**HARIBHAG**	**MUNDA**	**TOTAL**	**15619**	**7792**	**7827**
			RURAL	**12298**	**6188**	**6110**
			URBAN	**3321**	**1604**	**1717**
16	**RAMGARH**	**MUNDA**	**TOTAL**	**51777**	**26065**	**25712**
			RURAL	**35583**	**17954**	**17629**
			URBAN	**16194**	**8111**	**8083**
17	**DUMKA**	**MUNDA**	**TOTAL**	**120**	**58**	**62**
			RURAL	**73**	**37**	**36**
			URBAN	**47**	**21**	**26**
18	**JAMTARA**	**MUNDA**	**TOTAL**	**40**	**21**	**19**
			RURAL	**18**	**10**	**8**
			URBAN	**22**	**11**	**11**
19	**RANCHI**	**MUNDA**	**TOTAL**	**300210**	**150220**	**149990**
			RURAL	**380824**	**190073**	**190751**
			URBAN	**149463**	**73385**	**76078**
20	**KHUNTI**	**MUNDA**	**TOTAL**	**325958**	**161991**	**163967**
			RURAL	**310760**	**154619**	**156141**
			URBAN	**15198**	**7372**	**7826**
21	**GUMLA**	**MUNDA**	**TOTAL**	**82695**	**41178**	**41517**
			RURAL	**81951**	**40795**	**41156**
			URBAN	**744**	**383**	**361**

22	**SIMDEGA**	**MUNDA**	**TOTAL**	**142640**	**71267**	**71373**
			RURAL	**140526**	**70206**	**70320**
			URBAN	**2114**	**1061**	**1053**
23	**PASHCHIMI SINGHBHUM**	**MUNDA**	**TOTAL**	**140127**	**70240**	**69887**
			RURAL	**130375**	**65423**	**64952**
			URBAN	**9752**	**4817**	**4935**
24	**SARSIKELLA-KHARSAWAN**	**MUNDA**	**TOTAL**	**44985**	**22709**	**22276**
			RURAL	**43391**	**21899**	**21492**
			URBAN	**1594**	**810**	**784**

Sources: Census 2011

Khunti district has the highest ST population (73.25 percent) in Jharkhand. That is why the Khunti district has been purposively chosen for the study area. As well as Khunti district has been purposively chosen for the study area also because of highest concentration of Munda tribe in Jharkhand in Khunti. Similarly, in Khunti district, four (04) blocks (Torpa, Arki, Murhu, Raniya) have been chosen because of highest concentration of Munda tribe among all blocks of Khunti district. Each block shall consist of 04 villages. And one village comprises 15 respondents.

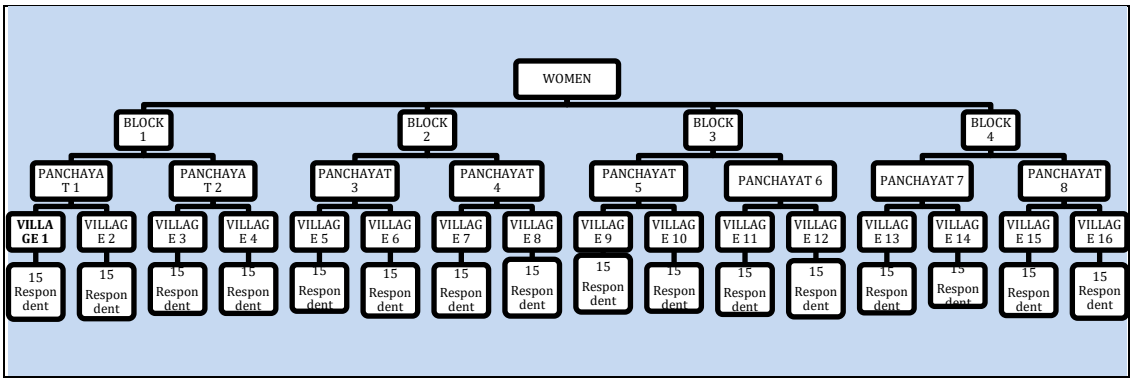
6.3 Unit of study:

Elder female members of household of the age 12- 45 years.

6.4 Sample Size:

The sample size is 240.

6.5 Sampling Frame



7.0 TOOLS TO BE USED IN DATA COLLECTION:

7.1 Primary data

All primary data will be collected by administering a pre-designed structured questionnaire by interviewing the sample respondents.

The Quantitative data will be collected from the household on income, expenditure patterns on menstrual hygiene products, access to sanitation facilities, and self-reported health outcomes related to menstrual hygiene. Discussions will also be held with healthcare providers, and menstrual hygiene product vendors to understand broader community context and access to resources related to Menstrual Health and Hygiene Management (MHHM).

7.2 Secondary data

Secondary data will be collected from NSSO, NITI Aayog, Census, Report of Tribal Research centre, Statistical Handbook of Khunti district, Block office, Panchayat office, Journals, books Research Thesis, etc.

7.3 Identifications of Variables

Several variables have been identified for the purpose of the study:

7.3.1 Dependent Variable:

1. **Period Poverty:** i.e. physical or material deprivation (such as number of sanitary absorbents ,Water (in liter), Sanitation (number of person per latrine, distance between houses and closest latrine, Amount of soap available) and Hygiene (WASH) facilities, is experienced by girls worldwide due to the high cost of absorbents and inadequate facilities). Psycho-social or knowledge deprivation (adequate education, number of

literate, illiterate and different Education level) and preparation knowledge on menstruation and psycho-socio knowledge deprivation due to financial constraints).

7.3.2 Independent Variables:

1) **Income Level:** The income level of individuals or households in the Munda Tribe is likely to be one of the independent variables. It can be categorized into lower and middle-income strata to analyze its impact on period poverty.
2) **Access to Menstrual Hygiene Products:** This variable explores the availability and accessibility of menstrual hygiene items, including as tampons, sanitary pads and menstrual cups to individuals in the Munda Tribe.
3) **Education Level:** The educational attainment of individuals within the tribe could be considered an independent variable. Education can influence awareness and knowledge about menstrual health and hygiene practices.
4) **Occupation**: Number of Working and non- working women within the Munda tribe can be examined as an independent variable, as it may affect the ability to afford menstrual hygiene products.
5) **Cultural Practices and Beliefs:** Cultural practices and beliefs (Number of days of isolation, entry in kitchen and worship places, restrictions to touch and food items like pickle, restrictions to wear a new clothes, hiding periods from others, not bathing during periods) related to menstruation within the Munda Tribe may also be considered an independent variable. These practices can impact how individuals manage their periods and whether they face economic challenges due to cultural factors.

7.4 Methods of Data Analysis:

Descriptive statistical tools like percentage, pie charts and bar diagram will be used for the exploratory section of the data to study the status and problems in the study area to identify trends and patterns related to income levels, menstrual hygiene practices, and economic consequences of period poverty of the female Munda tribe. Inferential statistical tools like Correlation and regression analysis will be used. Chi-square test will be conducted to test the significance or any suitable test will be used as per requirements.

7.5 Chapterisation:

1. Introduction
2. Review of Literature and Research Methodology
3. Profile of the Study Area
4. Level of awareness and unhygienic practices of Period poverty.
5. Economic impact of period poverty on women's health, education, and employment
6. Conclusion and Suggestions

Log Frame of Research:

S.N.	Objectives	Research Questions/ hypothesis	Variables	Statistical tools	Statistical test
1	To compare the level of awareness regarding Period poverty among lower- and middle-income strata of the women of Munda Tribe in Jharkhand.	RQ1. What is the level of awareness regarding Period Poverty among women of lower- and middle-income strata of the Munda tribe?	Level of awareness.	Quantitative and Qualitative	Pie chart, percentage, Bar diagram
2	To investigate the specific hygienic practices regarding Period poverty among the woman of the Munda Tribe	What is the specific hygienic practices regarding Period poverty among the woman of the Munda Tribe in Jharkhand?	Sanitation and hygiene facilities (availability of water, Handwash products, sanitaoty	Quantitative	Pie chart, percentage, Bar diagram

	in Jharkhand.		napkins, menstrual cups, pain relief products, Hot water bag		
3	To understand the economic impact of women's health, education, and employment on period poverty among the lower and middle-income strata of the Munda Tribe in Jharkhand.	RQ3. What is the economic impact of women's health, education, and employment on period poverty among the lower and middle-income strata of the Munda Tribe in Jharkhand?	Health, education and employment	Quantitative and Qualitative	Pie chart, Percentage, Bar diagram
4	To assess the financial burden imposed due to Period Poverty among lower and middle income strata of the Munda Tribe in Jharkhand.	RQ4. How does period poverty impact the economic well-being of women of the lower- and middle-income strata of Munda tribe?	assessing affordable and safe menstrual hygiene product, assessing employment		
1 H_O:	To identify the significant association	There is a no significant association between	Income levels, Purchasing power	.	Correlation, Regression, Chi-square

	between household income levels and the affordable menstrual hygiene products & adequate sanitation facilities among the Munda Tribe in Khunti District.	household income levels and the affordable menstrual hygiene products &adequate sanitation facilities among the Munda Tribe in Khunti District			test

Source: Author's own compilation

8.0 Significance of the study

While menstruation is a common and natural process, unwanted symptoms including bloating, cramps, and mood swings may result from it. Many people manage these symptoms with over-the-counter pain relievers and other self-care practices such as heat therapy, exercise, and rest. A whole day is dedicated to menstruation. 27th May is celebrated as International Menstrual Hygiene Day. Period poverty defined the inaccessibility to menstrual products, adequate hygiene facilities, and education about menstrual health, particularly among low-income individuals and marginalized communities. It can also refer to the stigma and shame associated with menstruation that prevents people from seeking help or discussing their menstrual health. Period poverty affects millions of people around the world, particularly in developing countries and among vulnerable populations, including homeless individuals, refugees, and those living in extreme poverty. Without access to menstrual products and proper sanitation facilities, people

may resort to using unhygienic materials like rags, newspapers, and even leaves, which can lead to infect ions and health complications. Period poverty can also have long-term consequences on education, employment, and overall well-being. Without access to menstrual products, people may miss school or work, leading to decreased opportunities and income. Additionally, the stigma surrounding menstruation can prevent people from seeking healthcare and education, leading to a lack of knowledge about menstrual health and reproductive rights. Efforts to address period poverty include providing free or low-cost menstrual products, improving access to sanitation facilities, promoting menstrual health education, and combating the stigma associated with menstruation. Governments, NGOs, and private organizations are all working to address this issue and improve menstrual health and rights for all.

9.0 Its relevance to the present-day problem and its needs of the society

Period poverty is a complex issue that defined as inaccessibly to menstrual products like sanitary pads but also the inaccessibility of information, education, and healthcare, as well as the stigmatization of menstruation, which affects millions of women and girls worldwide. This issue is particularly prevalent in lower and middle-income countries, where women and girls may not have access to basic sanitation facilities and may be unable to afford menstrual products.

10.0 Contribution to the existing Knowledge:

To address this issue, there will be several ways in which researchers will contribute to the **existing Knowledge**:

1) Increase awareness and education
2) Advocate for policy change
3) Support social enterprises
4) Address the root causes of poverty

All things considered, combating period poverty necessitates a multidimensional strategy that takes into account the underlying social, economic, and cultural elements that fuel this problem.

11.0 Future Work:

1. Government Schemes related to Period poverty
2. Role of NGOs related to Period poverty
3. Awareness campaign related to Period poverty
4. Education of mothers related to Period poverty